EOHHS Task Force Meeting
5/23/16 Meeting Minutes

Attendees

I. **Welcome – Senator Izzo**
Senator Izzo: Let's get started – our apologies on the low lighting, as power is out on this full block.

II. **Community Review - Rules – Chapter 1500 LTSS**
Ann Martino: A quick headline that there are a few sections you don't have here – one is with Jennifer Wood who is working with some lawyers to review. Also a few other sections that include other groups, but we wanted to get you this overall chapter.
A lot of the changes here are tidying up, making the language tighter. Looking towards how the new system will run; when the new system goes live, everyone who applies, no matter which door, will be evaluated on the basis of the Modified Adjusted Gross Income first (MAGI). Your tax based information will be the initial process to review. At the end of that asset of question which deal with your MAGI eligibility you will then be asked a series of questions about your LTC needs. The system will ask you about disabilities, about ADLs, and straight out ask if you need LTC. You can come thoughts h MAGI door if seeking LTC and get it on the basis of having 133% FPL and you receive it b based on resources. We will also look at transfer of resources, but we will not look to see if you are at the 4K limit. If you can come in that door, that is the easiest access door, we get a higher match and it all works out. Except you cannot have Medicare and you need to be between 19-64 years of age going through MAGI. It is available, but an easier one to get through. At the same time that the clinical evaluation is going on, if you meet the basis; the post eligibility assessment of income looks to see how much can be set aside to prevent spousal impoverishment. The post eligibility section is where we determine the cost of care. We spend a lot of time in the pas having 3 separate rules to governing the post eligibility treat of income, and we have tightened them up, combined them to one, and done what we could to reduce institutional bias. If you decide you would like NH care, that is what you want, there is the ___ process that determines if you have MH needs as well; if you want NH care person centered planning should be going on the whole time. In an ideal world, options counseling should be ongoing from start to finish – but we cannot guarantee that always will happen. It is impossible to establish that as a starting point in every case. That service should be available at every point in time. So that by the time you get to the post eligibility treatment of income is happening, we need to know where you want to be what the living arrangements is.

There is nothing in the rule that you have right now that makes anyone worse off than they were before. In fact they are better off. It used to be that the resources limit was 2000. That is tied to the SSI rule. If your resources were above that you could do resource reduction or we could test you as medically needy; there are different times of coverage in the past between categorically needy or medically needy. That is no longer the case – your services will be the same as you come through eh process; we have to keep the 2K resource limit for SSI purposes.

For those not getting the SSI payment, the resource limit is 4K. The important thing to remember is that the systems is programmed not by eligibility codes, but ultimately the system has all the possible variations on eligibility programmed into it. You put in your information and it will decide which pathway is best for you. It will always err on the side of eligibility. Only have testing you for every possible eligibility category and you fail each one will you receive a notice you have not been approved. There is still a lot of hands on work – LTSSS specialists will still do reach out. There will not be set case managers or LTSS specialists per person, but it will rather flow into a global task list for all those specialize workers, and each one can work on the tasks as they arise, so as to make the process go more quickly.

Before we go live, everything will go public. You will have a chance to comment' we are not sure we will get the rules adopted by July 7. The current rules may say 2, but it will be 4.

Elaina Goldstein: Way back when doing the global waiver we used to have optional eligibility categories and then categorically eligible. Is that still an option on fed law?
Ann Martino: Yes counseling will let you know what your options are. You have a grandparent of the parent caretaker who may also need LTC who may also be eligible for the premium assistance program, you need to look at their whole case, look at what makes sense for them. In the early stages the system will not lift from there, but it will over time. There will be many opportunities for people to sit down with you and talk about your options. Also in the post eligibility treatment process you may choose or your spouse may choose to decline the allowance, and it may be better to have that money go towards to cost of care. We have not done that before, it will take time to get the field staff fully briefed, but eventually this system will give you access to every possible option. It won't happen right away, too much of a shift form the status quo but over time

Anne Mulready: If you knew ahead of time that you needed something but you weren't MAGI where do you go first?
Ann Martino: You always got through MAGI – you go through eh whole SSI thing. The info you apply on the MAGI level, and a say indicate you are working and SSI eligible, and then it will push you through to Sherlock. There is an eligibility cat for people who were in an institutional setting, so it allows you to be working, while in an institutional setting, gives additional resource breaks, and caps the amounts earned. The system is programmed to do that even though that is a highly underutilized category. It will look at all outcomes as actual possibilities. Will there be kinks, absolutely, no question. Even going through these rules trying to clean them up some of them had not been touched since 994, 1998,2002 etc. It is a completely different world now.

Senator Izzo: Can a person be eligible in more than one category? [Yes] so does the process stop at the first eligibility category?
Ann Martino: No it will continue to run and tell you. If you are 19-64 now, there is no real diff between what the expansion group gets, or the adults disabled group, you will get the same benefits, same services except for retro. If you come in the EAD (formerly ABD) door you are eligible for retro; not eligible for retro of MAGI. If you say you want RETRO coverage you go through that process.

Elaina Goldstein: I may have missed the list of services in there?
Ann Martino: It is not in there the list of services … haven't gotten there yet all the EHB, HCBS, Institutional Services, All the state plan, all the HCBS services and the beautiful thing or not about Medicaid depending on where you sit is that when you become LTC eligible you are eligible for all of Medicaid. It didn't, in the old days – anyone who applied for Medicaid got Medicaid only. Now that we have these comprehensive integrated care plans, if you are LTS eligible you get all of Medicaid – acute, primary, and sub-acute and LTC. The world is split into MAGI (income based eligibility category, children, families, adults 19-64 resembling commercial health insurance) and if your income goes to high you auto are reviewed for an HSRI plan w option for subsidy if qualify. Anyone subject to the SSI methodology has to prove income, resources, if not LTC deeming process, a fairly complicated determination of eligibility and that basically was designed for people based on eh SSI. At one time, Medicaid for children and families only served ASDC, and ABD. We are using the same methodology that we use to determine cash assistance, but applying for Medicaid, for health care coverage. MAGI eligible first is key as better for the client, less onerous, and the state gets a good match. The SSI methodology lives on for those with complex needs.

Elaina Goldstein: You are talking about eh cost of care differential between institutional care ad HCBS care – how much closer have we gotten?
Ann Martino: It is still financially advantageous to you if you take all into consideration including spousal coverage if you have a spouse; take for example Mary Jones, in a nursing home, her husband is at home. The transfer rules exist irrespective of where she is. The diff is how much of an allowance the family gets if Mary moves home vs how much the allowance the family gets in Mary stays in NH. If stays in NH there is spousal allowance that includes utilities, a family member allowance and a home maintenance allowance e. If Mary moves home there is still a spousal allowance, but there is special maintenance of need which is not as high, you cannot protect as much. The issue is it doesn't take into account if you have CC bills, what your heat is, etc. What the feds have essentially said is hat you can do anything that is reason able but cannot exceed the highest income limit for that populations, or the MANIL. We are stuck with the MANIL right now, but that is really all you can set aside.

Elaina Goldstein: Ok but take Joe a guy w a disability, who would get HCBS. It would cost Joe too much of cost of care to get those services, so he couldn't afford them.
Ann Martino: So the family maintenance allowance would allow for that.
Elaina Goldstein: OK. It is confusing, so it would be helpful if we put in explanations of what happened in the old system what happened in the new.
Ann Martino: So we wouldn't do that as they are cumbersome as they are, and if we put into the rule examples, there are so many different variations and that would lead to more complex and potentially incorrect interpretations. We are trying as much as possible to treat the rules as not procedures, but how to implement a specific law. We cannot cover every possible scenario, and in attempting to do so in the past in the rules we ran into problems. To the extent we can we will try to do on the website, but not in the rule itself.

Anne Mulready: you mentioned there wouldn't be case managers any more, but of then that can be helpful…
Ann Martino: There is a new set of rules coming out about how hearings and appeals will work. Recall that those rules were written at a time when everyone had a specific case worker, or specific supervisor, all making individual calculations. Now the system is using the programming and making the decision, so a supervisor may not be helpful with system change.

Sharon Terzian: It may be helpful here – the worker collects what is missing from the app, the supervisor reviews and ET or social worker reviews, and the case proceeds. In home based services the workers would go out into the community. This new system there are tasks that are intertwined that are case management tasks so we are looking at possible options, and having conversations with the union. There is a role for answering questions, having someone to call someone in a division within the division with specialty knowledge. We are looking at having a group of staff trained on the eligibility tech process, but also on the rules, on the programs, who could answer phones, answer questions, be liaisons to Assisted Living, to Nursing Homes, to providers. That case management piece is preserved, but not necessarily assigned to one person. There is also a capacity, recognizing the system is different for someone seeking a SNAP app vs a complex medical need; all these other pieces… the computer system is assigned to four queues, intake, __, finishing, financial, . There will be ways for cases that are complex to be assigned to a correct queue. The beauty is the system will sort the apps by region, so if Middletown is understaffed, but we see they have a high volume for the day we can reroute staff to assist via phone.
Ann Martino: There are multiple staff that do that – one of the things we have within EOHHS is the office of LTSS. As we move forward with the process there will be more clarity, I will include in the rule what the units are, what the responsibilities are. The same rule applies for hearings for complex medical, for snap – that is where so many things have been automated.

Elaina Goldstein: On pg. 29-31/32 you somewhat lined out Medicaid LTS in that there are four processes, care planning. It does look like case management may not be in the government but could be outside agencies.
Ann Martino: That is case by case – if you want home stabilization services, where you get that will vary, and so you may not talk to an LTSS rep @ DHS but rather EOHHS. We are working out some process details as this rolls out. This is a fluid process; people will be moving, people will be shifting. We can assure you will get your questions answered, but we cannot tell you specifically will handle your case on day 1 would also be the person working on the transfer of resources.
Elaina Goldstein: I read this as positive, that the care planning process would be within the government, but the case management process it seems a role that is needed.
Ann Martino: Right – that could be the plan. That could be part of what is going on in a relationship for you in conjunction with the plan. If you need more hours of adult day then that contact can be made between you and the provider or the plan on your behalf to the provider.

Anne Mulready: I get that you want to restructure, but how will people knw who to call?
Sharon Terzian: Yes we will have a center number for intake. Right now there is a call center,

and if calls come in through there, and need further reference there will be a warm transfer and notification of a new number. If the call center can answer your question, we will do that.
Ann Martino: You will get an answer now too – even if who you thought was your case manager was on vacation.

Senator Izzo: In addition to state workers are their contracted workers involved in this process?
Ann Martino: That happens all the time – if you are in AL, you exhausted all your resources and you reach out to the DEA case management agencies and they can facilitate and help you with the process, the same with other programs. This happens often in the DD world. There are contractual agents who have responsibility for doing some options counseling and helping. Does not happen in every case. People come from all different doors, yes a good percentage of the time is someone who has an acute care incident, ends up in the hospital, goes into the hospital, and they can't go home... Etc.
Senator Izzo: What differentiates the need for private enterprise or a nonprofit enterprise as opposed to the state? Why would we spend money on those contracts if we have cross trained employees?
Michelle Szylin: It is by program. If you are looking at say shared living, there are many different things that you have to have done in order to receive shared living services. LTC does the eligibility piece, but there are agencies that help people learn about shared living, apply for shared living. Very different than having just a CAN come to the house. Specialized.
Senator Izzo: In the end a person only gets eligibility, but the whole situation of which vendor has to have someone help decide?
Ann Martino: The key is sometimes people know what they want, they are all set, and EOHHS can walk them through. If they DON'T know what they want, there are a myriad of resources for in depth options counseling. That is where the burden falls to the LTSS staff; we have tricky questions all the time. If you have a question, if you have an issue you can get an answer quickly.

Sharon Terzian: you can also upload your application or apply online; while we know many elders may not do that, family members may. If anything is missing, a family member can take a picture of the needed doc on their phone, and upload it to the system. We can tell a facility if they are missing a discharge slip, let us see financials and we can move the process along quickly.
Ann Martino: already you can automate and verify if you receiving SSI, SSDI and that makes it easier. There will be other things like that. As we go forward and it makes more sense, we will see how we can pull things from the MAGI world to make it easier on the LTC side. I cannot reiterate how complex the LTC side is – it does cost the state quite a bit, so you can understand why a heavy process is needed – but for those who are coming through on income only, this will make it easier for access to health coverage they are eligibility for. One of the great advantages too –f or those already on Medicaid who need LTC, the process is so much smoother. The system will just fill out that part of the application, and the transfer of assets. You do not need to start over again; that is a real advantage for those already receiving Medicaid.

Kathleen Kelly: Am I do understand that the SSI app will be a part of UHIP?

Ann Martino: No - there is SSI cash assistance and there is SSI methodology. If you are on SSI and getting cash, we don't touch you. If you are not SSI we use that methodology to determine eligibility. Technically you are being subjected to the same set of requirements for Medicaid that you would be for cash assistance for the SSSI program and that is a heavy lift. That process was in InRhodes, we cleaned it up a bit and moved it into the new system. Weill try to get you in through MAGI first and then SSI.

Kathleen Kelly: If a person is applying for SSI as a part of their LTC assisted services….
Ann Martino: That is separate. You can be eligible for SSP and automatically get Medicaid eligibility. You will see in these sections that if you meet the SSI standards for LTC, not that income is at 75%FPL, but rather that your income is at 2199 not over (special for SSI). You can get medically needy coverage if your income is over that.

Elaina Goldstein: There is a little known eligibility of 1619A &B, and over the years because it is automatic in RI, if you are eligible of SSI you are eligibility for Medicaid. If you go into a position making more money, you go into 1619A, then 1619 B. In our research over the years, there wasn't really anyone in the state in the past working with people with disabilities helping them get into higher eligibility categories. There wasn't anyone responsible….
Ann Martino: We know about it, we worked on it, there are points on 1619B in the rule. In general I will say, because of the way things have shaken out, there are people in the field who are responsible for dealing with people on community MA. There is not a separate staff that does community MA. If that level of detail, I am conversant in it now, and I had conversations with Deloitte about it – trying to clarify the differences between it and Sherlock. There are points we need to clarify further to understand those differences.
Elaina Goldstein: If you want someone to talk to deloitte about the differences, I would be happy to do that.
Ann Martino: In Chapter 1400 those rules have been noticed, and include notes on that.

Anne Mulready: People with disabilities are a big part of my work, there are so many complications with that pop for LTC services. Medicaid often becomes wrap around to private insurance in the post ACA world, but often that is supplemental.
Ann Martino: I will refer that to Holly Garvey to take back to the Medicaid leadership, so we will have a response to that if not next month, after that. I dare not go out on a limb, but we will take it back.

Deb Castellano: The SSI income is not included in the post eligibility treatment of income. That is different than the SSI eligible person, as could have RSDI income and the supplement.
Ann Martino: If you go back to the AL example, the 733 you get a month that is SSI cannot go towards COC. It can go towards room and board; SSI income cannot go towards Medicaid cost of care. If in an institutional setting you won't get that 733 after 90 days it can go to your room and board. If you are in assisted living and getting aide and dependence, yeah it can go towards your cost of care, towards your room and board. There is all misunderstanding out there, but the purpose of it is to pay for the cost of care. These rules do try to clarify that. Post eligibility treatment of income is everything we don't include to make you eligible. When we figure out

the cost of care, we will look at all pieces. You are required to pay income towards the cost of care as the basic principle of title 19. Sherlock is both long term and not long term. You can be on community MA, not really LTC, but you can get them.
Elaina Goldstein: The point of Medicaid offering more employment supports is basically going on to get their healthcare, but also the LTSS that community needs are employment supports.
Ann Martino: Right. But when we say LTC often in the real world what happens if, if you are employment services. Sherlock was a buy in – we are not making you do a buy in, we are making you do a rite share premium.

Elaina Goldstein: There were all of these different benefits eligible base on what CMS said would be eligible… not sure if that got in…
Ann Martino: I didn't touch Sherlock, haven't updated it haven't changed it. The rule is the same as on the books now – no intention of changing it, just automating it.

Ann Martino: If you have other questions you think of later, or feel haven't been addressed, please feel free to email to Lauren. We will have public hearings as well.

III. Public Comment

IV. Adjourn